

**DAKOTA COUNTY**  
**APPLICATION FOR PRECIOUS METAL DEALER LICENSE**

I, \_\_\_\_\_ (First, Middle, Last Name) as

\_\_\_\_\_ (Owner, Partner, or Officer) for and in behalf of

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(List one of the following: if individual, give full name; if partnership, give name of all partners; if corporation, give true corporation name)

hereby make application pursuant to the provisions of Minnesota Statutes Chapter

325F, for a license to engage in or transact business as a Precious Metal Dealer in Dakota County.

BUSINESS NAME: \_\_\_\_\_

PRINCIPAL BUSINESS ADDRESS: \_\_\_\_\_

NAME OF MANAGER OF PRINCIPAL BUSINESS: \_\_\_\_\_

Location within the licensing county where purchased secondhand precious metals will be held for the required

14 days: \_\_\_\_\_

**BRANCH OFFICE INFORMATION:**

- Each branch shall be operated under the same name as the principal office
- List each branch location within Dakota County

BRANCH OFFICE ADDRESS \_\_\_\_\_

NAME OF MANAGER OF BRANCH OFFICE \_\_\_\_\_

BRANCH OFFICE ADDRESS \_\_\_\_\_

NAME OF MANAGER OF BRANCH OFFICE \_\_\_\_\_

BRANCH OFFICE ADDRESS \_\_\_\_\_

NAME OF MANAGER OF BRANCH OFFICE \_\_\_\_\_

I swear or affirm under oath, under penalties of perjury, that all statements made in this document are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Notary Stamp Seal

\_\_\_\_\_  
Notary Signature

CONFIDENTIAL INFORMATION:

If applicant is an individual, please complete the following:

Resident Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Resident Phone Number \_\_\_\_\_

If applicant is a partnership or corporation, please complete the following for each officer or general partner:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

If applicant has a separate Manager and/or Branch Manager, please complete the following:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*\* MUST INCLUDE CERTIFICATION OF COMPLIANCE WITH MN WORKER'S COMPENSATION WITH THIS APPLICATION.